

DEPARTMENT OF
ADMINISTRATIVE RULES NOTIFICATION

Requesting Division: _____
Contact Person: _____
Phone No.: _____
Date of Request: _____
Priority Level: _____ (High, Medium, Low)

Request for Meeting

Proposed Team Members: _____

Legal Support: _____
Staff Member: _____

Proposed Action

_____ Adopt new rules (Estimated # new rules _____) _____ Amend existing rules (ARM #'s _____) _____ Repeal rules (ARM #'s _____)

JUSTIFICATION FOR NEED:

LEGISLATIVE IMPACTS (if applicable):

Requesting Division Approval: _____ Date _____
(Administrator, Bureau Chief or Regional Manager)

Rule Notification Approved: _____ Date _____
(Administrative Rules Team)

Rule Notification Rejected: _____ Date _____
(Administrative Rules Team)

(FOR OFFICE USE ONLY)

Date Received: _____
Tracking Started: _____